

# **PART I**

## **Section II**

### ***DD Consumer Eligibility, Access and Planning List, Service Definitions and Service Guidelines***

***For***

### ***Developmental Disability Services***

**PROVIDER MANUAL  
FOR  
COMMUNITY MENTAL HEALTH,  
DEVELOPMENTAL DISABILITIES AND  
ADDICTIVE DISEASES  
PROVIDERS  
UNDER CONTRACT WITH  
THE DIVISION OF MENTAL HEALTH,  
DEVELOPMENTAL DISABILITIES AND  
ADDICTIVE DISEASES**



**JULY 2006**

## **I. Consumer Eligibility for Developmental Disabilities Services**

To be eligible for **developmental disabilities services**, **consumers** must meet the following criteria for **“Most in Need”** or have received a waiver from the criteria by the Regional Office. Consumers who are **“Most in Need”** of services are those with social, emotional, developmental, or physical disabilities resulting from mental retardation or autism, who without State-supported services are unable to function. This group includes consumers who have a long history of dysfunction, consumers whose history and clinical status suggest a long-term course of service and consumers and their families with temporary but urgent need for intervention. The contractor will deliver services to individuals who meet the following disability/diagnostic criteria:

### **A. Disability.** The individual demonstrates:

1. Behavior leading to public demand for intervention; or
2. Substantial risk of harm to self or others; or
3. Substantial inability to demonstrate community living skills at an age-appropriate level; or
4. Substantial need for supports to augment or replace insufficient or unavailable natural resources

### **AND**

### **B. Diagnosis:** Individual meets the following diagnostic criteria as determined by a professional licensed to do so:

1. People with mental retardation; or
2. People with autism.

The contractor agrees not to discontinue services to individuals who have only a diagnosis of autism or Prader Willi Syndrome who are receiving services from the contractor at the inception of this contract, except at the request of the consumer or his/her representative, or with the approval of the Regional Office, or upon the discontinuance of funding designated for such services by the Regional Office. Persons who are dually diagnosed with mental retardation or mental illness and autism or Prader Willi Syndrome are eligible for services.

## **II. Consumer Eligibility for Developmental Disabilities Family Support**

For purposes of determining eligibility for Family Support Services for families having a family member with a developmental disability, the following definition of Developmental Disability applies:

**Developmental disability shall have the same meaning in 45 CFR Parts 1385, 1386, 1387, and 1388 as it does in the Developmental disabilities Act, Section 102(8), which reads:**

Developmental Disability is a severe, chronic disability of a person 5 years of age or older which attributable to mental or physical impairment or is a combination of mental or physical impairments, manifested before the person attains age twenty two, results in substantial functional limitations in three or more of the following areas of major life activity: self care, receptive and expressive language, learning, mobility, self direction, capacity for independent living, and economic self sufficiency and reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services which are lifelong or extended duration and are individually planning and coordinated, except that such term, when applied to infants and young children( meaning individuals from birth to age 5, inclusive), who have substantial developmental delay or specific congenital or acquired conditions with a high probability if resulting in developmental disabilities if services are not provided.

Related Conditions must present as severe, chronic conditions attributable to cerebral palsy, epilepsy, or other conditions, other than mental illness, found to be closely related to mental retardation because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with mental retardation and requires treatment or services similar to those required for these people, the conditions is manifested before the person reaches age 22, is likely to continue indefinitely and results in substantial functional limitations in three or more of major life activities.

2002 American Association on Mental Retardation

P.L. 101-496

42 CFR 435.1009

## **Developmental Disabilities Access into Community Services/Planning Lists**

### **I. Process for consumers to be placed on the DD Community Planning List**

Persons requesting MR/DD services complete an application for MR/DD services and submit the application to the Intake and Evaluation Team. A face-to-face screening is completed within 14 business days of receipt of the application. The purpose of the initial screening is to determine service need and preliminary eligibility (screening provides presumed eligibility or ineligibility; a comprehensive evaluation is intended to confirm eligibility status) of the individual for MR/DD services. The screener completes the *Intake Screening Summary* which documents the individual and family circumstances related to the need for services, the services actually needed and the timeframe in which the services are needed. Additional details about the application process are contained in “A Guide to MR/DD Services” (provided at the face to face screening and available on the Division’s web page). Written notification of the determination of this initial screening is provided to the applicant.

All applicants are informed in writing of the results of the initial screening. If the applicant is found eligible for and in need of services, and the needed services are available, the applicant is provided with information regarding the comprehensive assessment process as well as the provider and support coordinator selection processes. When an applicant is found eligible for and in need of services, but the needed services are not currently available, the applicant is placed on one of two Regional Planning Lists: the Long Term Planning List or the Short Term Planning List– based on the person’s identified needs at the time of the intake.

### **II. Planning List Data**

The following data are maintained regarding consumers on the Planning Lists:

- Individual’s name, address, date of birth, SS#, MHID # , county and region
- The name and contact information of the person’s legal representative (if applicable)
- Next of kin with contact information
- Date person is placed on the planning list
- Name of Support Coordination agency and date referred (if applicable)
- Services needed
- services individual is currently receiving (and date services began)
- Intake Screening Summary
- Date of next scheduled follow up
- Documentation of any subsequent contacts and their results

### **III. Management of the DD Community Planning List**

The Regional Office Intake & Evaluation Team (I & E Manager) is responsible for management of the DD Community Planning Lists.

#### **IV. Addressing Urgent Consumer Needs**

Unfortunately, situations arise where a consumer's need for services becomes so severe and urgent that action must be taken immediately to address significant risks to health and safety. In such circumstances, a consumer's waiting indefinitely for additional resources is not an option. When an immediate system response is required, details of the circumstances are forwarded to the region's I&E Manager. The I&E Manager determines the appropriate response and explores resource options within the region. If it is determined that additional, immediate resources are required and that such resources are not available in the region, the I&E Manager, Regional Coordinator or the Regional Services Administration contacts the Director or Deputy Director of the Division's Office of Developmental Disabilities to request assistance.

**Individuals on the Short Term Planning List** are assigned a Support Coordinator. The Support Coordinator contacts the applicant and members of his/her support network at least quarterly (more frequently if necessary). The Support Coordinator advises the applicant and support network members of any identified alternative service options and any anticipated changes in the availability of the needed services. The Support Coordinator documents any changes in the applicant's need for services. If the applicant's need for services changes significantly, it is the responsibility of the Support Coordinator to report these changes to management of the Support Coordination agency. The Regional Office I&E Manager meets with Support Coordination agency staff at least every other week. In these meetings, Support Coordination staff informs the I&E Manager of any significant changes in consumer needs (In the event that the change in consumer needs results in a critical or urgent need for additional services, the I&E Manager is informed immediately).

The Support Coordination agency reports any changes related to consumers on the Short Term Planning List to the I&E Manager as the changes occur (including changes in demographic information, such as a change of address or contact information). The Support Coordinator completes the *Subsequent Planning List Screening* form at least once every six months for individuals on the Short Term Planning List. If changes are noted, the form is forwarded to the Regional I&E Manager. If no changes are noted, the completed form is kept on file by the Support Coordination Agency as documentation of the 6 month screening.

**Individuals on the Long Term Planning Lists** are not usually assigned a Support Coordinator. The individual and/or family is contacted by mail at least annually by I&E Team. A letter encourages families to contact the I&E Team at any time their need for services change. A short questionnaire is included in the mailing. The purpose of the questionnaire is to confirm the continued need for services and to document any changes in the individual/family circumstances. The questionnaire is returned in a self-addressed, stamped envelope. If the completed questionnaire indicates changes that may necessitate a change in Planning List status, an I&E Team member follows up with a telephone contact. If no changes are noted, the completed questionnaire is kept on file by the I&E Team.

## **V. Prioritization for Available Services**

*The Intake Screening Summary* is completed at the initial I&E face to face screening. Consumer need is reviewed and updated by the Support Coordinator using the *Subsequent Planning List Screening* as part of the six month review for individuals on the Short Term Planning List. Individuals on the Long Term Planning List are contacted annually to document any changes in need.

The I&E Manager uses data from the *Intake Screening Summary* and/or *Subsequent Planning List Screening* (along with the input of other regional, I&E and Support Coordination staff) to make decisions regarding the allocation of resources as resources become available. Decisions on prioritization for new resources should be consistent with the following guidelines:

1. Any individual having Immediate Needs as documented on the *Intake Screening Summary* or *Subsequent Planning List Screening* are the highest priority.
2. Individuals documented to have Level 1 Short Term Need are considered the second level of priority.
3. Individuals documented to have Level 2 Short Term Need are considered the third priority, and
4. Individuals documented to have Level 3 Short Term Need are considered to be the fourth priority.

***When an individual has been prioritized over other individuals as specified in the above hierarchy, the I&E Manager shall document the rationale for the decision and will maintain such documentation on file.***

## **IV. Services Targeted at Preventing Crises or Need for More Intensive Services**

Additional services become available to Regions through attrition, implementation of utilization management strategies or through new state appropriations. In the case of new state appropriations, the region receives an increase in its total waiver allocation with an expected number of new consumers to be served. Appropriately, the most intensive services are usually approved for those individuals with the most intensive and urgent needs. However, to the extent possible, the I&E Manager, with the advise of I&E, Regional Office and Support Coordination staff must consider the needs of all individuals on the two Planning Lists. When possible, a more proactive approach to allocating a less intensive (and less expensive) service such as a day/employment or family support type service in the short term may result in avoiding or delaying a consumer and family crises. Thus, by allocating some less intensive services now, the demand for intense, more expensive services may be reduced in the future. Of course, such decisions are made in light of the total resources available and the needs of all individuals on the Planning Lists.

## **Mental Retardation/Developmental** **Disabilities Services Definitions**

## **DD Day and Employment Services**

### **Day and Employment Services: Day Supports, Comprehensive Day Services, and Supported Employment**

- Service design is based on self-determination principles and evidenced based practices, which support individuals to express their choices and direct their services.
- Contractor supports persons receiving services to experience meaningful days by assuring that activities are directly related to the individual's interests and preferences as documented in the ISP.
- Service design and implementation encourage and build on existing social networks and natural sources of support and result in increased interdependence, contribution and inclusion in community life.
- Contractor shall assure that individuals (and/or their families, as appropriate) have accurate and individualized information regarding the impact and value of employment and wages on benefits.
- Service shall be aimed at increased opportunities for meaningful adult career development with focus towards paid employment.
- Services and planning meetings shall be scheduled to accommodate individual and family needs.
- Contractor shall participate with the Intake and Evaluation and Support Coordination agencies in the development of the Individual Services Plan (ISP).
- Contractor shall have the capacity (by staff expertise or through contract) to support individuals with complex behavioral and or medical needs.
- All consumers who participate in Comprehensive Day Services will be participate in community activities (such as shopping, recreation/leisure, employment, volunteering, civic clubs) that are directly related to consumers' interests and preferences as documented in their Individual Service Plan minimally 6 hours per month.
- Service design shall be outcome based with focus on self-determination principles and evidence based practices that continually support individuals towards responsible citizenship.



## Day Supports

HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Day Supports Monthly	T2025				
Day Supports – 60 Hours	T2025	U1			
Day Supports – 30 Hours	T2025	U2			
Day Supports – 40 Hours	T2025	U3			

### Definition of Service:

MRWP Day Support Services are designed to assist persons in the acquisition, retention and/or improvement of skills that create a quality and appropriate day for the consumer. This service is intended to assist the individual with community activities, facility-based training activities, pre-vocational activities, and community-based employment. These services are offered to persons who require intensive support or habilitation.

The following Day Supports services are offered:

**DD Day Support Habilitation – Community**  
**DD Day Support Habilitation – Facility**  
**DD Day Support – Prevocational**  
**DD Day Support – Community Based Employment**

Individuals may receive community integrated day supports exclusively (100% DD Day Support Habilitation-Community). All other individuals receiving this service must receive **two of the four** service components (DD Day Support Habilitation - Community, DD Day Support Habilitation - Facility, DD Day Support / Pre-Vocational, or DD Day Support- Community Based Employment).

Refer to the service definitions that follow.

## **Day Supports**

### **Day Support Habilitation – Community**

**Definition of Service:**

Day Support Habilitation-Community services are individualized services, which may include training in the areas of daily living skills (including leisure/recreation skills); communication training; mobility training; and programming to reduce inappropriate and/or maladaptive resources. The activities are provided in a community setting and focus on appropriate interactions that will typically occur in the community where the person lives but not in their home or any residential site. The emphasis of training will be on assisting the individual in increasing self-help, socialization skills, skills or daily living and adaptive skills. These activities include assisting people with money management, teaching appropriate shopping skills, and teaching nutrition and diet information. The intended outcome of these activities is to improve the consumers' access to the community through increased skills and/or less paid supports. An individual may receive 100% of his/her Day Supports in this category of service or in combination with the other Day Support Services.

**Note: Refer to service definition for Day Supports for Individuals with Developmental Disabilities.**

<b>Target Population:</b>	Adults with mental retardation/developmental disabilities who need a comprehensive day service that is 100% community integrated or includes at a minimum two of the four DD Day Supports services.
<b>Expected Benefit:</b>	The intended outcome of these activities is to improve the consumers' access to the community through increased skills and/or less paid supports. The emphasis of training will be on assisting the individual in increasing self-help, socialization skills, skills of daily living and adaptive skills.
<b>UAS: Budget and Expense Categories</b>	401 – Day Supports - Community Based Habilitation

## **Day Supports**

### **Day Support Habilitation – Facility**

**Definition of Service:**

Day Support Habilitation-Facility services are individualized, facility based and not in the consumer's home or any residential site. These services may include training in the areas of daily living skills (including leisure/recreation skills); communication training; mobility training; and programming to reduce inappropriate and/or maladaptive behaviors. The emphasis of training will be on assisting the individual in increasing self-help, socialization skills, skills of daily living and adaptive skills. These activities include assisting people with money management, teaching appropriate shopping skills, and teaching nutrition and diet information. The intended outcome of these activities is to improve the consumers' access to the community through increased skills and/or less paid supports. For an individual to receive this service, he/she must also receive DD Day Support Habilitation-Community, DD Day Support Pre-Vocational, or DD Day Support-Community Based Employment.

**Note: Refer to service definition for Day Supports for Individuals with Developmental Disabilities.**

<b>Target Population:</b>	Adults with mental retardation/developmental disabilities who need a comprehensive day service that includes at a minimum two of the four DD Day Support services.
<b>Expected Benefit:</b>	The intended outcome of these activities is to improve the consumers' access to the community through increased skills and/or less paid supports. The emphasis of training will be on assisting the individual in increasing self-help, socialization skills, skills of daily living and adaptive skills.
<b>UAS: Budget and Expense Categories</b>	402 – Day Supports - Facility Based Habilitation

## **Day Supports**

### **Day Support – Prevocational**

**Definition of Service:**

Services are aimed at preparing an individual for paid or unpaid employment, but are not job-task oriented. Services include teaching such concepts as rule compliance, attendance, increased attention span, task completion, problem solving, safety and appropriate social interaction skills in the workplace. Prevocational services are provided to persons not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year (excluding supported employment programs). Activities included in this service are **not** primarily directed at teaching specific job skills, but at underlying habilitative goals, such as attention span, safety and motor skills. For an individual to receive this service, he/she must also receive DD Day Support Habilitation-Community, DD Day Support Habilitation-Facility, or DD Day Support-Community Based Employment.

**Note: Refer to service definition for Day Supports for Individuals with Developmental Disabilities.**

<b>Target Population:</b>	Adults with mental retardation/developmental disabilities who need a comprehensive day service that includes at a minimum two of the four Day Support services.
<b>Expected Benefit:</b>	The intended outcome of these activities is to improve the consumers' access to the community through increased skills and/or less paid supports. The emphasis of training will be on assisting the individual in increasing self-help, socialization skills, skills of daily living and adaptive skills.
<b>UAS: Budget and Expense Categories</b>	403 – Day Supports – Prevocational

## **Day Supports**

### **Day Support – Community Based Employment**

**Definition of Service:**

Community Based Employment recipients must require long term and intensive direct or indirect job related support in job supervision during the workday. Community Based Employment includes activities needed to obtain and sustain paid work by individuals receiving waiver services, including job development, supervision and training. For an individual to receive this service, he/she must also receive DD Day Support Habilitation-Community, DD Day Support Habilitation-Facility, or DD Day Support/Pre-Vocational.

**Note: Refer to service definition for Day Supports for Individuals with Developmental Disabilities.**

<b>Target Population:</b>	Adults with mental retardation/developmental disabilities who need a comprehensive day service that includes at a minimum two of the four DD Day Support services.
<b>Expected Benefit:</b>	The intended outcome of these activities is to improve the consumers' access to the community through increased skills and/or less paid supports. The emphasis of training will be on assisting the individual in increasing self-help, socialization skills, skills of daily living and adaptive skills.
<b>UAS: Budget and Expense Categories</b>	404 – Day Supports – Community Based Employment

<b>Supported Employment</b>					
HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Supported Employment- 15 Minutes	T2019				

**Definition of Service:**

Support for people who, due to the severity of their disabilities, need ongoing support to work. Services include supports to choose, obtain and keep paid employment in community jobs. The scope and intensity of support may change over time, based on the needs of the consumer.

No one type of job or support model is assumed to be appropriate for all consumers. Services may be provided in a variety of settings that meet the specific service criteria of (1) paid employment (2) with opportunities to interact with people who do not have disabilities, and (3) the need for and provision of ongoing support. Wages must be paid in compliance with all applicable Department of Labor requirements. Most jobs in this category are a minimum of 20 hours per week. When consistent with consumer needs and interests, quality indicators include increases in the number of hours worked, increases in wages and benefits, increased opportunities for interaction with co-workers and an increased utilization of natural supports (with a corresponding decrease in dependence on direct, agency provided support). Supported Employment services should focus on the consumer's career, rather than simply a job.

<b>Target Population:</b>	Individuals of working age with developmental disabilities who want to work and have a demonstrated need for ongoing supports to maintain employment.
<b>Expected Benefit:</b>	The individual has increased economic resources, has a valued role in the community and develops a level of self-sufficiency.
<b>UAS: Budget and Expense Categories</b>	406 – Individual Supported Employment 407 – Group Supported Employment - Enclaves 408 – Group Supported Employment – Mobile Crews NONE - Supported Employment – MRWP/CHSS

**Additional Service Information:**

Supported Employment may be provided through a state Funded contract or through either of the two MR Medicaid waivers. In the MRWP, Supported Employment is a discreet service. Supported Employment may be provided through the CHSS waiver as part of the bundled service.

Supported Employment may be provided in individual or group settings. When contracts or Memorandums of Agreement require providers to report the types of settings in which Supported Employment has occurred, providers will report those settings using the following categories:

- Community Based Employment Services – Individual
- Community Based Employment Services – Group (Enclaves & Crews)

Definitions of these employment settings may be found under: Comprehensive Day and Employment Services – Community Based Employment Services – Individual & Group.

MRWP/CHSS Day Habilitation					
HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Day Habilitation Hourly Services	T2021				
Community Habilitation & Support Services (CHSS)	T2025	U7	TG		
Community Habilitation & Support Services or Integrated Resources Services (CHSS/IRS)	T2025	U7			

**Definition of Service:**

Day Habilitation Services are aimed primarily at the development, acquisition enhancement and maintenance of skills that further the client's ability to function independently in the home and the community. Services include interventions in the areas of social, emotional, physical, and intellectual development and may include training in areas such as daily living skills; communication; mobility; reduction of maladaptive behaviors; and use of community resources. Services of a developmental nature, including evaluations and prescriptive training, may be included as defined in the consumer's service plan. Services focus on enabling the consumer to attain his/her maximum functional level and should be coordinated with any other services or therapies listed in the service plan.

<b>Target Population:</b>	Adults with mental retardation for whom employment services are not appropriate.
<b>Expected Benefit:</b>	Consumers will be afforded the opportunity for growth and development while having the opportunity for social and physical integration in home and community activities
<b>UAS: Budget and Expense Categories</b>	NONE

**Additional Service Information:**

Day Habilitation is not an employment service and should not be reported as employment.

Comprehensive Day Services					
HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Comprehensive Day Services	T2025				

**Definition of Service:**

Comprehensive Day services are an array of state/SSBG (contract) funded employment and/or non-employment services that have typically been provided by MR Day Service Centers.

Employment services may be facility or community based. All employment services must comply with Part 525 of the Fair Labor Standards Act. Both employment and non-employment services should target supporting consumers in having a valued role in typical community settings.

Non-employment services may be provided in a facility, in typical community settings or, in some cases, in a consumer's home (if the individual is not receiving RTS, Personal Support or Contract Funded Residential Supports).

Indirect Intervention Services may be provided specifically on behalf of individuals in an effort to identify and facilitate ongoing supports, including natural supports for an individual to access and participate in community activities or provide support to community peers when a consumer is participating in the same community activity.

Direct non-employment services may include training and support in self-help, recreational/leisure, money management and other skills that may facilitate community access. All DD Comprehensive Day Services are based on the needs, preferences and interests of the individual consumer as documented in the Individual Services Plan (ISP). DD Comprehensive Day Services must comply with the Social Services Block Grant (SSBG) regulations found in the Provider Manual.

<b>Target Population:</b>	Individuals with MR/DD who need one or more of an array of facility and/or community based day services, and who either are ineligible for Medicaid Home and Community Based Services, or for whom waiver services are not currently available.
<b>Expected Benefit:</b>	The individual has economic resources, increased choice, more meaningful days and occupies a valued role in his/her community.
<b>UAS: Budget and Expense Categories</b>	405 – Comprehensive Day Services
<b>Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):</b>	NONE



**Additional Service Information:**

When employment services are being provided under this service category, those employment services are reported as:

Community Based Employment Services – Individual, or  
Community Based Employment Services Group

- Enclave or
- Mobile Crew; or

Facility Based Employment.

When Non-Employment services are being provided under this service category, those non-employment services are reported as:

Community Based Non-Employment Services,  
Facility Based Non-Employment Services, or  
Indirect Intervention Services

## **Community Residential Services**

### **Residential and Personal Support Services: Community Residential Supports**

- Service design and implementation encourage and build on existing social networks and natural sources of support and result in increased interdependence, contribution and inclusion in community life.
- The selection of living environments shall include consideration of opportunities for community inclusion of persons receiving services, individual choice (including preference to be close to family) and distance from other homes (e.g. apartments, house) of persons receiving services to assure that persons with developmental disabilities are not grouped in a conspicuous manner.
- Daily and weekly rhythms and routines shall be directly related to individual's needs, interests and preferences.
- Service design shall be outcome based with focus on self-determination principles and evidence based practices that continually support individuals towards responsible citizenship.
- Contractor shall collaborate with the Intake and Evaluation and Support Coordination agencies in the development of the ISP.
- The Contractor ***must*** have Regional Office approval before moving consumers to a new address. Emergency relocation plans identified in Individual Support Plans is acceptable as prior approval for moving to a new location in emergencies.
- **Contractor provides Personal Needs funding to consumers consistent with the Core Standards and language to Personal Needs funds in this contract.**
- Contractor shall have the capacity (by staff expertise or through contract) to support individuals with complex behavioral and or medical needs.
- Individuals served in Residential Support services will participate 10 or more hours per month in inclusive (either individually or with no more than one other person with developmental disabilities) community activities (such as shopping, recreation/leisure, volunteering, civic clubs) that are directly related to consumers' interests and preferences as documented in the Individual Services Plan.

## **Community Residential Services**

### **MRWP/CHSS Residential Training and Supervision**

HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Residential Training and Supervision (RTS I)	T2016				
Residential Training and Supervision (RTS II)	T2016	TF			
Residential Training and Supervision (RTS III)	T2016	TG			
Residential Training and Supervision (RTS IV)	T2016	U2			
Community Habilitation & Support Services (CHSS)	T2025	U7	TG		
Community Habilitation & Support Services or Integrated Resource Services (CHSS)	T2025	U7			

## **Community Residential Services for Persons with Developmental Disabilities**

### **Definition of Service:**

Provides a variety of community living arrangements and ranges of training and supervision to meet a broad range of needs. The particular type of residential services an individual receives over time should vary according to his/her fluctuating needs. Based on consumers' needs, residential services may be highly structured, heavily supervised, and programmatically intensive, or the residential service may facilitate a relatively independent lifestyle requiring only a modest amount of staff support. Residential services should be a part of the community and the environment and size of the residential option should blend in with the surrounding homes. Whenever possible, consumers should be supported in their natural homes, particularly individuals under age 22. Providers are responsible for obtaining and maintaining all appropriate licenses.

The following Residential Supports are provided:

MRWP/CHSS Residential Training and Supervision  
MRWP/CHSS Personal Supports  
Contract Funded Residential Supports

## **MRWP/CHSS Residential Training and Supervision**

### **Definition of Service:**

Residential Training and Supervision (RTS) services are targeted for people who require intense levels of support. Consumers live in small group settings of four or fewer. The provision of Residential Training and Supervision is limited to individuals living in homes that are owned or rented by the service provision agency. RTS homes with two or more adults must have a Personal Care Home Permit or be licensed under the Community Living Arrangements issued by the Department of Human Resources, Office of Regulatory Services. Services may include assistance with, and/or training in activities of daily living, such as bathing, dressing, grooming another personal hygiene, feeding toileting, transferring, etc. Services may include assisting with therapeutic exercises, supervising self-administration of medication and performing other services essential to health care at home. Emphasis is placed on supporting consumers in participating in the life of the community, including accompanying consumers and facilitating their participation in shopping, recreational activities, personal banking, etc. Services often include training and assistance in household care, such as meal preparation, clothes laundering, housecleaning, and other similar tasks.

The services provided and the level of intensity of services are specific to the individual consumer and detailed in his/her Individual Services Plan (ISP).

<b>Target Population:</b>	People with developmental disabilities who require residential supports to remain in their communities.
<b>Expected Benefit:</b>	Consumers have a residence that provides the supports needed to remain and participate in their community.
<b>UAS: Budget and Expense Categories</b>	NONE

<b>MRWP / CHSS Personal Support Services</b>					
HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Personal Support Services	T2025	U5			
Community Habilitation & Support Services (CHSS)	T2025	U7	TG		
Community Habilitation & Support Services or Integrated Resources Services (CHSS/IRS)	T2025	U7			

**Definition of Service:**

Personal Support services include an array of services which are required to maintain and assist persons with mental retardation/developmental disabilities to live in community settings. This service is provided to people who live in their own home or in a foster or family care setting. Personal Support services may not be delivered to a person living in a home leased or owned by the service delivery agency. Agencies providing personal supports must have a Private Home Care Provider License from the Department of Human Resources, Office of Regulatory Services. Personal Support services may include assistance and training in activities of daily living, such as bathing, dressing, grooming, feeding, toileting, transferring and other similar tasks. Emphasis is placed on supporting the consumer in participating in his/her community such as shopping, recreation, personal banking and other community activities. Services may include assistance with therapeutic exercises, supervision of self-administration of medication and other services essential to health care at home.

The setting in which a consumer is served should be designed specifically for the person and should accommodate fluctuations in the person's needs for various services. The services provided and the level of intensity of services are specific to the individual consumer and detailed in his/her Individual Services Plan (ISP).

<b>Target Population:</b>	People with developmental disabilities who need support to continue living in their own homes.
<b>Expected Benefit:</b>	Consumers have a residence that provides the supports needed to remain and participate in their community.
<b>UAS: Budget and Expense Categories</b>	NONE

<b>Contract Funded Community Residential Services</b>					
HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Residential Supports	T2016				

**Definition of Service:**

Contract Funded Residential Supports are intended for individuals with MR/DD who require some residential supports to remain in the community and who either require less intensive supports than those described in the definitions of MRWP/CHSS Residential Training and Supervision or MRWP/CHSS Personal Support, or who are not eligible for waiver services. In most cases, direct support is intermittent, supporting consumers in activities such as preparing meals, managing personal finances or accessing generic community resources. However, in all cases, the type, frequency and intensity of residential supports must be documented in the Individual Services Plan (ISP). Services are aimed at supporting consumers in having increased opportunities to participate in their own community and in exercising choice in regard to their services and daily routines. Contract Funded Residential Supports may be provided to consumers living in a home owned or rented by the support agency or to consumers living in a home or apartment that they own or rent themselves. Homes owned or rented by the support agency must be licensed either as Personal Care Homes or Community Living Arrangements. When services are provided in homes owned or rented by the consumer, the agency must have a Private Home Care license. Services are based on the unique support needs, preferences and interests of the individual being service as evidenced by his/her ISP.

<b>Target Population:</b>	People with MR/DD who need relatively moderate support to remain successfully in the community and/or are not eligibility for waiver funded residential services.
<b>Expected Benefit:</b>	Consumers have the supports they need to remain and participate in their community.
<b>UAS: Budget and Expense Categories</b>	411 – Community Residential Supports
<b>Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):</b>	NONE

## **Respite Services**

### **Respite Services: Emergency and Maintenance Respite**

- Contractors have the capacity (by staff expertise or through contract) to support individuals with challenging behaviors.
- Contractors shall meet the requirements specified in the Operating Procedures for Family Support and Respite Services

## **Respite**

HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Respite Intensive Support Level I	S5150				
Respite Moderate Support Level II	S5150	TF			
Respite Major Support Level III	S5150	TG			
Respite Intensive Support level IV	S5150	U2			

## **Respite**

### **Definition of Service:**

Respite provides brief periods of support or relief for caregivers or individuals with disabilities. Respite is provided: (1) when families or the usual caretakers are in need of additional support or relief; or (2) when the consumer needs relief or a break from the caretaker; (3) when a consumer is experiencing a behavioral crisis and needs structured, short-term support; or (4) when relief from care giving is necessitated by unavoidable circumstances, such as a family emergency. Respite may be provided in-home (provider delivers service in consumer's home) or out-of-home (consumer receives service outside of their home), and may include day activities as well as overnight. Respite Services are further defined by the designations, Maintenance Respite and Emergency/Crises Respite:

**Maintenance Respite** provides brief periods of support or relief for caregivers or individuals with disabilities. Maintenance Respite is planned or scheduled respite and is provided (1) when families or the usual caretakers are in need of additional support or relief; or (2) when the consumer needs relief or a break from the caretaker. Maintenance Respite may be provided in-home (provider delivers service in consumer's home) or out-of-home (consumer receives service outside of their home), and may include day activities as well as overnight.

**Emergency/Crises Respite** is intended to be a short term service for a consumer experiencing a crisis (usually behavioral) and requires a period of structured support and or/programming, or respite services are necessitated by unavoidable circumstances, such as a family emergency.



Emergency/Crises Respite may be provided In-Home (provider delivers service in consumer's home) or Out-Of-Home (consumer receives service outside of their home), and may include day activities as well as overnight.	
<b>Target Population:</b>	Individuals, including both Medicaid and non-Medicaid recipients, who have mental retardation and/or developmental disabilities and who currently receive or are on the short-term planning list to receive community based services through the State of Georgia, Department of Human Resources, DMHDDAD.
<b>Expected Benefit:</b>	Caregivers are able to continue supporting and caring for an individual when additional supports are provided. The individual is able to continue to live in the community.
<b>UAS: Budget and Expense Categories</b>	423 – Respite

**Additional Service Information:**

1. Additional information and requirements regarding Respite Services for individuals with mental retardation, autism and other developmental disabilities can be found in the Provider Manual under, "Operating Procedures for Respite and Family Support Services".
2. Respite may be provided through both wavier and contract funding.  
FY'06 regions may contract for unspecified "Respite", or may specify numbers of consumers served in "Emergency/Crises Respite" vs. Maintenance Respite. However, whether or not the contract specifies simply Respite, Maintenance Respite or Emergency/Cries Respite, all providers will report the services delivered as either Maintenance or Crises/Emergency, consistent with the definitions above.

<b>Support Coordination</b>					
HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Support Coordination	T2022				

**Definition of Service:**

Support Coordination is a targeted case management service for eligible recipients that identifies, coordinates, and reviews the delivery of appropriate services as prescribed in the recipient's individual service plan. The Support Coordinator assures that the individual gains access to needed medical, social, educational, transportation, housing, nutritional, and other services by serving as the individual's primary advocate. The Support Coordinator also encourages the use of various community resources through referral to appropriate traditional and non-traditional providers and by leveraging additional natural resources. By coordinating the services of both paid professionals and unpaid non-professionals, the Support Coordinator is able to address needed individualized supports that might otherwise remain unfulfilled.

Because the Support Coordinator is accountable for maximizing the individual's health and safety, this coordination of combined expertise and involvement and leveraging of additional resources provides the assurance that health and safety will be met and that services are provided with quality in a meaningful way to the individual.	
<b>Target Population:</b>	Individuals, including both Medicaid and non-Medicaid recipients, who have mental retardation and/or developmental disabilities and who currently receive or are on the short-term planning list to receive community based services through the State of Georgia, Department of Human Resources, DMHDDAD.
<b>Expected Benefit:</b>	The primary purpose of support coordination services is to maximize the health and safety of service recipients by maintaining a focus on the consumer to ensure that their well being respected is and supported through the delivery of holistic quality services.
<b>UAS: Budget and Expense Categories</b>	432 – Support Coordination
<b>Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):</b>	<u>Developmental Disabilities</u> T2022 – Support Coordination

**Additional Service Information:**

1. Support Coordination is provided by regionally contracted Support Coordination agencies only.

Intake & Evaluation Services					
HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Intake & Evaluation Services	T1023				

**Definition of Service:**

Intake and Evaluation is the single point of entry into MR/DD services. The intake team is responsible for providing uniform screening/evaluation functions for all individuals entering or already in the system. A common protocol is used statewide for intake to assure the existence of a centralized mechanism to receive referrals for all MR/DD services including waiver services and admission requests to the state's ICF/MR. Intake and evaluation functions include conducting all intake and screening for applicants to MR/DD services, performing comprehensive evaluations and annual assessments, participating in service plan development, and conducting level of care determinations for individuals who receive Medicaid waiver services. Based on needs identified in the assessments Intake and Evaluation staff make

recommendations of the types of services and supports that will guide the development of the person centered ISP. Intake and Evaluation also assist in managing the planning list and provide scheduled training technical assistance for providers. The technical assistance and consultation is provided to strengthen the service system infrastructure and targeted primarily to direct support staff. It is intended to result in consistent strategies, procedures, and skills regarding best practices related to service delivery.

<b>Target Population:</b>	Individuals applying for DD services through the DMHDDAD, and all individuals currently served in the DMHDDAD DD services system
<b>Expected Benefit:</b>	Provides access to the DMHDDAD DD services system and assures an independent assessment of ongoing consumer needs.
<b>UAS: Budget and Expense Categories</b>	431 – Intake & Evaluation
<b>Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):</b>	NONE

**Additional Service Information:**

Services are provided by regionally contracted Intake & Evaluation agencies or by publicly operated teams.

Services may be provided with state grant in aid or Medicaid funding.

<b>Specialized Services</b>					
HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Specialized Medical Supplies (MRWP/ CHSS)	T2028				
Specialized Medical Equipment (MRWP / CHSS)	T2029				
Vehicle Adaptation (MRWP)	T2039				
Environmental Adaptations / Modifications (MRWP / CHSS)	S5165				

**Definition of Service:**

Medicaid Waiver services that include Specialized Services, Specialized Medical Equipment, Specialized Medical Supplies, Vehicle Adaptations and Environmental Adaptations.

Specialized Services and Medical Equipment includes devices, controls or appliances, ancillary supplies and equipment specified in the Individual Support Plan (ISP) which enable the consumer to increase his/her abilities to perform activities of daily living and to interact more independently with his/her environment.

Medical Equipment and Environmental Adaptations includes those physical adaptations to the residence, required by the ISP, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in his/her home.

<b>Target Population:</b>	Individuals with DD served in either of the MR/DD Medicaid waivers who need Specialized Services and Medical Equipment or Environmental Accessibility Adaptations to remain in and participate in their community.
<b>Expected Benefit:</b>	Services will allow individuals to remain in community settings.
<b>UAS: Budget and Expense Categories</b>	NONE - Medicaid Only

**Additional Service Information:**

Family Support Services may be a source of Specialized Services for Non-Waiver consumers who need those services.

### **Natural Support Enhancement Services**

HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Natural Support Enhancement Services	T2025	U4			

**Definition of Service:**

Natural Support Enhancement Services (NSE) are designed to give individuals with developmental disabilities assistance in developing and strengthening the skills necessary to live more independently and to experience a valued role in the community. Services include training or assistance in self-help, social interaction, communication, money management skills, behavior support, and daily living and adaptive skills. Emphasis is placed on fostering participation in social and leisure activities as well as managing health and dietary needs. Respite support may be available as part of a person's support system. Consumers receiving this service have a support network that may be comprised of family, neighbors, community members, or friends who have an active role in supporting the individual.

Natural Support Enhancement Services are targeted for people who currently live or desire to live in the community and who have access to a natural support system.

Training for members of a consumer's natural support network may focus on any area appropriate to the consumer's goals. The outcome of this training is to develop and support greater access to the community by the consumer.

Only items and services approved in the individual budget may be purchased.

Services and supports are provided with attention to health and safety.

Training and supports are offered to consumers in a variety of settings that are appropriate to the member's developmental level, age, and culture.

<b>Target Population:</b>	People with developmental disabilities and their families who have strong natural support systems.
<b>Expected Benefit:</b>	Individual with disabilities will develop new skills or receive the necessary supports that facilitate their increasing participation in regular activities of his/her community. Members of the consumer's support system are increasingly able to provide quality supports that foster the inclusion of the individual.
<b>UAS: Budget and Expense categories</b>	NONE

<b>Natural Support Therapies</b>					
HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Natural Support Therapies	T2025	U8			

**Definition of Service:**

Natural Support Therapies are designed to give consumers with DD the opportunity to access specialized treatment within their natural support network. Natural Support Therapies were developed as an alternative to home-based therapies available in the Medicaid state plan. Natural Support Therapies include the following individual services:

**Physical Therapy** – The application of specialized treatments such as natural forces, heat exercise and certain mechanical devices necessary to further develop or maintain essential basic skills of the consumer. The service includes initial assessment, the provision of treatments, the assessment of progress and the teaching of family members or natural support providers the techniques to use with the individual

**Occupational Therapy** – This service uses goal-oriented activities to provide training in the development or use of physical and mental capacities, and the development or maintenance of

skills for self-care and daily living skills. The services include an initial assessment, the assessment of progress and treatment. The services also encompass the training of family members or support providers in procedures or activities to use with the individual with disabilities. The activities are directed at accelerating the attainment of developmental milestones and, when appropriate, activities that are directed toward vocational application.

**Speech and Hearing Therapy** – This service is the provision of treatments designed to improve speech and hearing impairment that interfere with the person’s overall ability to function. These services include an initial assessment for speech and hearing therapies, the provision of treatments, assessment of progress and the teaching of family members or support providers the techniques to use with the individual.

**Nutritional Therapy Services** – This service is the provision of on-going nutritional therapy and member/family education for the diet therapy for individuals who require additional supports beyond consultation and assessment services.

<b>Target Population:</b>	Individuals enrolled in Natural Support Enhancement Services or Consumer Directed Natural Support Enhancement Services who need these services, and for whom there is a reasonable expectation that the goals of the therapy can be achieved in the necessary time frame
<b>Expected Benefit:</b>	Individuals will receive services that address their individual needs and allow them to remain in their home and community.
<b>UAS: Budget and Expense Categories</b>	NONE

#### **Additional Service Information:**

Persons receiving Home Based Services through Medicaid’s state plan are not eligible to receive Natural Support Therapies at the same time.

Transportation to and from these services is not included in the rate.

Natural Support Therapy providers must comply with the DHR and DMA’s conditions of participation.

Services are provided by a licensed professional and by order of a physician.

Therapists must be licensed to practice in the State of Georgia.

<b>Consumer Directed Natural Support Enhancement Services</b>					
HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Consumer Directed Natural Support Enhancement Services	T2025	UC			

**Definition of Service:**

Consumer Directed Natural Support Enhancement Services provides consumers and their natural support networks the option to self-direct the NSE services specified in the Individual Services Plan. Skill development of the consumer's natural support network is specific to outcomes of developing and supporting enhanced access to the community by the individual. Individuals that participate in Consumer Directed NSE Services will have an individual services budget. Consumer Directed NSE Services includes a Person-Centered Planning Process directed by the consumer and/or his family or representative. These services will be incorporated into the Individual Services Plan (ISP).

Consumer Directed Natural Support Enhancement Services will assist an individual to continue living at home and will meet the individual's needs through a range of possible supports and skills development, with includes self help and personal care, social interaction and participation in activities within the community, daily living skills, accessing recreational and leisure, accessing and using transportation, communication, including use of assistive technology, understanding of and appropriate response to the individual's behavioral needs, and accessing the appropriate community supports and accessing and coordinating financial and life planning services.

<b>Target Population:</b>	Individuals with developmental disabilities receiving MRWP funded Natural Support Enhancement, who live in their own homes and have a support network with an active role in supporting the individual with the responsibilities of consumer direction.
<b>Expected Benefit:</b>	Individual with disabilities will develop new skills or receive the necessary supports necessary to live in the community and to direct their own care.
<b>UAS: Budget and Expense Categories</b>	NONE

**Additional Service Information:**

This is a new MRWP service. The service will be available statewide by the end of FY'06, but implementation will be phased in over the course of FY'06. Consumers and/or their families or representatives who opt for this service must be willing and able to, with support, direct their NSE Services and perform employer functions, such as interviewing, checking references, hiring, supervising, and firing. Consumers or families/representatives who elect to self-direct NSE Services may continue to receive other waiver services under the traditional service delivery system.

Consumer Directed Natural Support Enhancement participants must utilize the Financial Support Serviced defined below and in the MRWP.

<b>Consumer Directed Natural Support Financial Support Services</b>					
HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Consumer Directed Natural Support Financial Support Services	T2040	UC			

**Definition of Service:**

Financial Support Services (FSS) are designed to perform finance and related functions for the individual and/or family or representative who enroll in Consumer-Directed NSE Services. FSS includes all fiscal support functions necessary to assure that appropriate taxes and fees are deducted and funds are managed and distributed as intended for Consumer-Directed NSE Services in the Individual Service Plan. FSS includes technical assistance to individuals and families/representatives, including answering questions and providing direction with all payroll functions including completing and reviewing timesheets.

<b>Target Population:</b>	Individuals with developmental disabilities receiving MRWP funded Consumer-Directed Natural Support Enhancement Services.
<b>Expected Benefit:</b>	Consumers will receive fiscal support and accounting consultation services that will support their self-directing NSE Services. Financial Support Services assure that funds to provide Consumer-Directed NSE Services outlined in the ISP are managed and distributed as intended.
<b>UAS: Budget and Expense Categories</b>	NONE

**Additional Service Information:** This is a new MRWP service. The service will be available statewide by the end of FY'06, but implementation of will be phased in over the course of FY'06. Consumers and/or their families or representatives who opt for this service must be willing and able to, with support, direct their NSE Services and perform employer functions, such as interviewing, checking references, hiring, supervising, and firing. Consumers or families/representatives who elect to self-direct NSE Services may continue to receive other waiver services under the traditional service delivery system.



## Behavioral Support Team Services

HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Behavioral Support Team Services	H2011				

### Service Definition:

The goal of Behavioral Support Team Services is to increase and enhance community provider capacity by assisting agencies to handle crisis within their respective organizations and communities. The services emphasize a systems approach to behavioral interventions with an emphasis placed on early identification of problem behaviors. Specialized interventions are based on positive behavioral approaches. Services include, but are not limited to, positive behavioral support training, behavioral consultations, and technical assistance for community providers and families. Services combine the application of applied behavior analysis within the context of person-centered values.

Through a functional behavioral assessment, support teams are able to develop behavioral intervention plans that are positive, proactive, educative and functional. Most plans or recommendations include proactive strategies for changing the environment so the triggering events are removed, teaching new skills that replace behavior, or maximizing rewards for appropriate behaviors.

While the emphasis is on eliminating or reducing problem behaviors, this approach also emphasizes improving the overall quality of life of the individual. Outcomes may focus on improving quality of life by participation in the community, gaining or maintaining satisfying relationships, making choices, or expressing personal needs.

<b>Target Population:</b>	Individuals with DD who exhibit problems behaviors such as physical/verbal aggressions, self injurious behaviors, property destruction, tantrums or other behaviors that interfere with individuals' participation in community life
<b>Expected Benefit:</b>	Individuals will get the behavioral support they need in the community, rather than having to rely on psychiatric hospitalization and emergency rooms for crises management. Individuals are expected to have an improved quality of life through increased participation in the community, gaining or maintaining more satisfying relationships, enhanced skills in expressing personal needs and increased choice.
<b>UAS: Budget and Expense Categories</b>	421 – Behavioral Support Team Services
<b>Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):</b>	NONE

<b>Family Support</b>					
HIPAA Transaction Code	Code	Mod1	Mod2	Mod3	Mod4
Family Support	T2025	U4			

**Definition of Service:**

Services provided to or purchased for individuals and their families, based on their identified needs. Family Support is actually an array of individualized goods, services, supports, adaptive devices, or architectural modifications necessary to maintain the person in the home. Family Support is not generally seen as a crisis service. Rather, it is provided to families with the goal of preventing crises that can result in the need for out of home placements.

<b>Target Population:</b>	Individuals with mental retardation, autism or other developmental disabilities who live in their family's home, or individuals living in an alternate placement who are preparing to return to live with their family.
<b>Expected Benefit:</b>	Caregivers are able to continue supporting and caring for an individual when additional supports are provided. The individual is able to continue to live in the community.
<b>UAS: Budget and Expense Categories</b>	422 – Family Supports – MR 511 – Autism Services 510 – DD Family Support
<b>Medicaid: For possible related service(s) refer to Medicaid Procedure Code(s):</b>	NONE

**Additional Service Information:**

1. Additional information and requirements regarding Family Support services for people with mental retardation, autism and other developmental disabilities can be found in the "Operating Procedures for Family Support Services".
2. Eligibility is as follows for MR/DD:
  - a. Family Support – (Subunit 254) Individuals must meet the Division's criteria for DD services and must be unduplicated in the count of individuals receiving services through Subunit 354 (Autism Family Support) and Subunit 454 (DD Family Support Services).
  - b. Family Support – DD, (Subunit 454), a person must have a Developmental Disability diagnosis, other than Mental Retardation or Autism Services.
  - c. Family Support – Autism, (Subunit 354), a person must have a diagnosis within the Autism Disorder Spectrum.
  - d. The intent is that individuals who receive family support funding receive funding from only one of the three fund sources.

## Operating Procedures for Family Support Service

### **Purpose:**

The purpose of these Operating Procedures is to establish the parameters within which Family Support programs under contract with DMHDDAD may provide and purchase Family Support services and goods. These Operating Procedures cover Family Support services provided under:

- Budget 400 for individuals with mental retardation, and
- Budget 440 for individuals with autism, and
- Budget 490 for individuals with other developmental disabilities.

### **Definition:**

Family Support is actually an array of goods and services aimed at providing families with the very individualized support they need to continue to care for a family member with disabilities at home. Family Support is not generally seen as a crisis service. Rather, it is provided to families with the goal of preventing crises that can result in the need for out of home placements.

### **Eligibility:**

The family is eligible only if the member with disabilities is residing in the home, or if the Family Support funds are to be used to prepare the home and family for the return of the member with disabilities from an alternate care placement. Families will be determined eligible for services through a team process, utilizing the following criteria: 1) the individual with disabilities is three years or older with mental retardation, autism, or other developmental disabilities, and meets the Division's criteria for "Most in Need" (Note: Children aged 0-3 years may be served if it is documented that Early Intervention funding has been exhausted.); 2) the family wishes for the member to remain at (or return) home, but requires support and/or assistance in order for the individual to live in the home, and 3) the authorized goods and services are sufficient to support and/or assist the continuance or return to home care.

Eligibility for services does not equate to an entitlement to services. Prioritizing eligible families to receive services will be the responsibility of the staff or agency designated by the region, utilizing a team and family assessment process with consideration of (1) the criticalness of need to family functioning and well being, and (2) the family's financial ability to obtain services.

For the purposes of Family Support, "family" may be considered as the individual with disabilities living with his/her birth or adoptive parents, members of the extended family, a full guardian, legal custodian or a person acting in place of a parent or family member and living as a family unit. While families are the principal targets of Family Support, a

family's eligibility for service is determined by the presence of an eligible member with disabilities.

### **Accessing Family Support Services:**

The Regional MHDDAD Office is responsible for designating and publicizing one or more Family Support agencies to receive referrals from the Regional Intake and Assessment Agency. Each Contracted Agency will complete an application for family support services to gather pertinent information about the needs of the individual with the disability and his / her family. The contracted Family Support provider agency assesses a family's application based on: (1) consideration of the whole life needs of the disabled individual; (2) consideration of the needs of the family as primary caregiver; and (3) consideration of the community supports necessary to meet those needs.

The contracted agency must notify the family in writing of the approval or disapproval of their application for Family Support services within 30 days after receipt of the application. If the family is notified that they have been approved for admission into Family Support services, a meeting is scheduled for the purpose of developing an Individual Family Support Plan (in the case of a disapproval, see Provider Responsibilities, C. Grievances/Appeal Process).

**Individual Family Support Plan (IFSP):** All families/individuals receiving Family Support services must have an Individual Family Support Plan (IFSP). The region's designated Family Support provider agency is responsible for developing the IFSP through a group process that involves the family. The Individual Family Support Plan (IFSP) is a written participation agreement, signed by the individual and/or family, a representative of the contracted Family Support agency, and the designated Family Support Coordinator. The IFSP includes:

1. A description of the individual, the family and its support network, the physical environment, and current services;
2. A description of the needs of the individual and family, based on the assessment described above;
3. A listing of the specific goods/services (including a funding cap) that the family is authorized to receive through Family Support Funding. The types of goods and services that may be purchased with Family Support funding are detailed in the section, "Authorized Goods and Services."
4. Documentation that the authorized goods and services are not available through other programs or sources.
5. A Family Support Agreement (Appendix 3).

### **Plan Review**

Individual Family Support Plans should be reviewed and updated at least once every six months. Documentation of family resources should occur on an annual basis. Plans should be reviewed and updated more often if family and consumer needs change, or in the event of a change in the family's resources. The family is responsible for informing the provider in the event of a change in the family's/individual's needs or of a change in the family's financial or other resources. The need for review or changes in the plan

may be declared by the agency or by the family. Families should be informed in writing at the time of the initial assessment of the planned review cycle and of the family's right to participate and request changes, and of their duty to inform the Family Support Coordinator in the event of any significant changes in their needs or resources. If changes are made in the family's IFSP, the reason for the changes is included in the record. The individual and/or a family member, the Family Support Coordinator, and a representative of the contracted Family Support provider agency should sign the amended agreement. Amendments to the IFSP are not considered to be in effect until signed by the Contractor.

### **Authorized Goods and Services**

The following is a listing of goods and services which may be purchased with Family Support funds. All goods and services purchased with Family Support funding must be provided in accordance with the Core Requirements for All Providers, in the Standards Section of the Provider Manual and these Operating Procedures for Family Support Services.

- 1. Respite Care:** Services designed to relieve families/care givers of physical or emotional stresses associated with the care of the member with disabilities by the provision of temporary care of the member with disabilities; may be provided in or out of the home. Also may include care of other young children who are members of the family when necessary for the primary care giver(s) to devote exclusive time to attend to the care and well being of the member with disabilities.

Each Contracted Family Support Agency maintains a "List of Approved Respite Providers". Prior to receiving any Family Support funding, respite care providers must be on a Contracted Family Support Agency's "List of Approved Respite Providers". For additional requirements regarding respite providers and this registry, see the Administration/Records section in these Family Support Operating Procedures.

- 2. Personal Support:** An array of services to assist persons to perform activities of daily living. Personal Support includes the following:
  - a. Assistance with, and/or training in, activities of daily living, such as bathing, dressing, grooming, other personal hygiene, feeding, toileting, transferring and other similar tasks;
  - b. Accompanying consumers and facilitating their participation in visits for medical care, therapies, personal shopping, recreation and other community activities (This category includes staff to serve as interpreters and communicators and the transportation costs to provide the service.);
  - c. Training or assisting in household care, such as meal preparation, clothes laundering, bed-making, housecleaning, shopping, simple home repair, yard care and other similar tasks;
  - d. Assisting with therapeutic exercises, supervising self-administration of medication and performing other services essential to health care at home; and

- e. Training and support in the areas of social, emotional, physical and special intellectual development. This category includes mobility training as well as programming, intervention and/or consultation to reduce inappropriate or maladaptive behaviors.
- 3. **Dental Services:** Any of the full array of services designed to care for the teeth, oral cavity and maxillo-facial area, provided by or under the direct supervision of a licensed dentist; in-patient or outpatient.
- 4. **Medical Care:** Services provided by or under the direct supervision of a licensed physician or by other licensed or certified health care professionals when recommended by a licensed physician. The array of Medical Care services are inclusive of diagnosis/evaluation, service provision and consultation with other medical/health care providers or non-medical service providers, provided by a licensed physician. Services may be inpatient or outpatient.
- 5. **Specialized Clothing:** Services which include the assessment of need, design, construction, fitting and cost of an article of clothing which is necessitated by the handicapping condition of the individual with disabilities.
- 6. **Specialized Diagnostic Services:** Specific investigative procedures determined needed by the family and inter-disciplinary team but not provided by the inter-disciplinary team that are necessary to complete the assessment of needs of the individual with disabilities and/or family.
- 7. **Recreation/Leisure Activities:** Activities and or goods designed to support the participation of the individual with disabilities in recreational/leisure activities in the home and/or community.
- 8. **Environmental Modifications:** Changes, additions or repairs to the personal home of the family/caregiver which are designed to increase their ability to enhance the development/functioning, health or well being of the individual with disabilities when such changes, additions or repairs are not structurally permanent.<sup>1</sup>
- 9. **Specialized Equipment:** Adaptive and therapeutic devices specifically prescribed to meet habilitative needs of the individual with disabilities or devices and equipment needed by the family to better provide for the disability specific needs of the disabled member. (See Appendix “*FAMILY SUPPORT SERVICES SPECIALIZED EQUIPMENT DEFINITIONS*” for more detail regarding specialized equipment.)
- 10. **Therapeutic Services:** A direct intervention service provided by a specifically trained therapist aimed at reducing or eliminating physical manifestations of a disability or in improving/acquiring specific skills precluded by the disability; services proceed from assessment/evaluation to service provision. Therapeutic

services are inclusive of audiology, physical therapy, occupational therapy and speech therapy.

<sup>1</sup> "The State is prohibited from expending funds for permanent modifications on real property to which it does not hold fee simple title because the State might lose the modifications if the owner appropriates the property to uses other than for which state funds were expended. In such case, the expenditure would result in a gift or gratuity prohibited by Georgia Constitution, Art.3, sec. 6 Op. ATT'Y Gen., 1972, p. 299". Excerpted from a memo by Division of Mental Health Mental Retardation and Substance Abuse Legal Officer, Sandy Laszlo, dated May 1, 1991.

- 11. Counseling:** Services utilizing a varied number of specific psycho-social approaches, clinical or non-clinical, family or individual, which are aimed at assisting individuals to cope with life circumstances.
- 12. Parent/Family Training:** Information and training for parents/family members to enhance understanding and to better address the family member's needs. Training may be one time or on-going and may be delivered in or out of the home.
- 13. Specialized Nutrition:** An array of services inclusive of assessment, planning, counseling, supervision and provision of specific dietary, nutritional and feeding needs of the individual with disabilities by a nutritionist qualified by state standards.
- 14. Supplies:** Any number of items which, while not specialized or specific to the needs of individuals with disabilities, may require frequent usage due to the disability or any number of items which, while not specialized, are necessary to the on-going operation or maintenance of specialized devices or any number of items which are needed by the family to better provide for the disability specific needs of the member with disabilities. The need for such supplies must be clearly documented in the IFSP.
- 15. Behavioral Consultation and Support:** Professional services which train and support the family in avoiding and/or responding appropriately to behaviors which may create barriers to the individual with disabilities remaining in the home and community; and/or direct consumer services intended to address problematic behaviors.
- 16. Financial and Life Planning Assistance:** Professional services which assistance the family in planning for the future service and/or financial needs of the family member with disabilities.
- 17. Exceptional Disability Related Living Costs**

This category could be used to pay living expenses that are higher than normal due to the nature of the person's disability or to cover unexpected emergency costs. For example, a person who is heat sensitive may require air conditioning during the summer months. The family support budget may include extra costs to cover the higher electrical bills during the summer months so as not to stress the family's household budget. This might also cover higher electrical bills

caused by the individual with disabilities being on special monitoring machines. Exceptional Disability Related Living Costs may be approved on a one time, emergency basis, or for ongoing needs. When approved on an ongoing basis, the contracted Family Support Provider must document continued need at least every six months.

**18. Homemaker Services** – Light household work or tasks provided in the home which are necessitated by the lack of a family member capable of performing such tasks or by the incapacity or absence of the family member who normally performs the tasks and which are not available through an existing program such as the Community Care Waiver.

**19. Transportation** – Travel and travel related costs (including subsistence costs) associated with the receipt of a plan service, and documented by the provider to be necessary to meet the needs of the family.

**20. Other Services:** Any other service not listed above, which, in the opinion of the family and inter-disciplinary team, is necessary to meet the needs of an eligible individual/family, when written request is made to and approval received from the DHR-DMHDDAD-Regional Coordinator. (See Appendix: *Family Support Waiver Request Form*.)

### **Provider Responsibilities**

#### **A. Administration/Records**

Eligible families will receive Family Support services within the limits of the funding available. The Contractor retains ultimate responsibility for appropriate administration and for all documentation. Family Support services have been defined broadly to allow as much flexibility, and thus, individualization as possible. A fundamental responsibility of the contracted Family Support provider agency is maintaining this programmatic flexibility while assuring appropriate fiscal controls. The Contractor is responsible for maintaining all records including (but not limited to) service vouchers/purchase orders, a registry of approved respite and service providers, receipts for services and all documentation of family and individual needs and resources. In addition to all applicable DHR Fiscal Policies, Family Support provider agencies must have documentation of the following:

- Funding of Last Resort: Family Support funding is “funding of last resort”. Documentation should cite efforts to secure goods and services through other sources such as Medicaid, local charitable organizations, or other generic resources. Family Support funds may be utilized in combination with other agency, community or individual family resources.
- Established Limits: Documentation including receipts of authorized and actual costs of family support services, both provided and purchased, will be maintained by the contracted Family Support provider, for each eligible person. **The Regional Coordinator must approve costs that exceed established limits in advance.** A request to exceed an established rate may be made on the *Family*



*Support Waiver Request Form* in the Appendices to this section. Note: Families providing care for more than one member with disabilities may be eligible to receive the capped annual per family rate for each eligible person. Justification should be based on whether assessed need and planned-for services have a "shared" benefit to each member with disabilities. For example, such services as Counseling or Environmental Modifications may benefit members equally while the benefits of others, such as Supplies or Specialized Equipment, may not be easily shared.

- **Fee for Services:** Consistent with DMHDDAD contract requirements, all authorized Family Support goods and services shall be provided on a "sliding fee" basis. A Family Support Fee Policy, which includes a schedule of fees shall be established by the Provider Agency and approved by the Regional MHDDAD Office. Documentation of family income and resources will be obtained in order to determine if funds will be allocated. It is the responsibility of the contracted Family Support provider agency to maintain documentation of adherence to the approved Fee Policy and compliance with all applicable DHR fiscal rules and regulations.
- **Payment Documentation:** The Contractor is responsible for maintaining all financial records. Families may be reimbursed for authorized Family Support expenditures, but funds are never "advanced". Contractors are responsible for obtaining receipts and/or other appropriate documentation prior to dispersing Family Support funds.
- All documentation must be maintained in an easily accessible place for monitoring/auditing purposes.

#### **B. Additional Requirements for Respite Services**

- Each regional office maintains a list of **Contracted Family Support Agencies** with which the region contracts for the provision of respite. This list is available to anyone interested in it.
- Often times, Contracted Respite Agencies sub-contract with individuals who provide respite services. All Contracted Respite Agencies will have a Respite Provider application for individuals with whom they sub-contract that indicates the qualifications of the individual to provide respite services.
- It is the **Contracted Respite Agency's** responsibility to ensure that only individuals who meet the specified requirements provide respite. Requirements include current CPR certification, a satisfactory criminal background check, and the training as specified in the Core Requirements Section III-B-11 under HR.11. The Contracted Agency will maintain documentation that all of these requirements are met. In addition, the Contracted Agency will maintain documentation of any specialized experience/training necessary to prepare the provider to meet the unique needs of individuals who receive respite services.

- The **Contracted Respite Agency** will maintain a **List of Individuals Approved to Provide Respite** that are either, employees or individuals with whom they sub-contract. Contracted Agencies will not add an individual to the list until they have documentation on hand that the individual meets all requirements to provide respite services.
- If a family desires for an individual who is not on the Region's "List of Contracted Agencies" to provide respite, that individual must become a contracted provider of the Region or an employee or sub-contractor of one of the Region's Contracted Respite Agencies prior to providing respite.
- **Public funds cannot be used to purchase or reimburse respite services provided by any person who is not included on the List of Individuals Approved to Provide Respite.**
- Each month the Region's Contracted Respite Agencies will submit a Respite Report to the regional office along with the MIERS report. This Respite Report will document: 1) the persons served in respite during the report month, and 2) the individuals (employees of or individuals with whom the Contracted Respite Agency sub-contracts) who provided the respite services. A copy of the Respite Report is attached as Section III, Appendix 4.

#### **C. Family Support Coordinator**

Once families have been assessed, determined eligible and approved for Family Support services, a Family Support Coordinator will be available as a point of contact to assist families in identifying their unique support needs, define outcomes, and develop the IFSP. To the extent possible, and consistent with family wishes, the Family Support Coordinator will assist the individuals and their families to plan, organize and direct specific family support services as well as other services and supports not funded with Family Support dollars. The administrative and service coordinator duties may be split among more than one staff person.

#### **D. Grievances/Appeal Process**

Families denied, discontinued or whose benefits have been reduced must be notified in writing of the reasons for denial, discontinuation or reduction of benefits and must be informed in writing of their right to appeal these decisions. The Contractor established client appeal procedures should be consistent with the grievance procedures detailed in the Provider Manual.

## **E. Reporting**

The Contractor will submit reports as required by the Regional MHDDAD Office.

## **F. Regional Office Responsibilities**

The Region is responsible for reviewing documentation and assuring that the contracted providers are in compliance with the provision of these Operating Procedures. At a minimum, on a quarterly basis, regions should conduct a record review of 5% of the individuals served in Respite and Family Support services. Each sample must include some individuals who receive respite services. Regional Office staff will compare the information in the Respite Reports with the Contracted Agency's respite provider documentation to assure that all individuals providing respite are qualified.

